

BEST AVAILABLE COPY

420 Recd PDEPTO 26 JUL 2000

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/626242</div>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2				1			52				
3							53				
4				1			54				
5							55				
6	1						56				
7							57				
8							58				
9	1						59				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		1				TOTAL IND.				
TOTAL DEP.	8		3				TOTAL DEP.				
TOTAL CLAIMS	10		4				TOTAL CLAIMS				